Université de l'Alabama
Programme de protection des recherches humaines

FORM: REQUEST FOR PARTIAL WAIVER OF PATIENT AUTHORIZATION TO USE PHI FOR RECRUITMENT OR SCREENING

IRB Protocol Title: ______________________________________________________________

Principal Investigator __________________________________________________________

1. Who will obtain the PHI for recruiting or screening?

_____ Physicians or their staff who are treating or have treated the potential participants (Complete Items 1-5 only. These investigators already have access to the PHI).

_____ Physicians or their staff who are not treating and have not treated the potential participants (Complete Items 1-6).

_____ Non-physician non-student investigators

_____ Staff of non-physician non-student investigators, including student assistants

_____ Staff of physicians, other clinicians, or health or community agencies assisting a non-physician non-student investigator

_____ A student investigator

2. Exactly what PHI is needed? Name exact information required.

3. Provide protocol-specific responses to describe why the partial waiver is justified.
   a. Describe why this information is needed and how it will be used. (Consider sample criteria, recruiting strategies, etc.)
   b. Explain why the research cannot practicably be conducted without access to and use of the PHI.
   c. Describe why the partial waiver is necessary to obtain the PHI (i.e., why it is not practicable to obtain the PHI in another way).

4. Describe measures taken to protect the privacy of the prospective participants.
a. Describe the plan to protect identifiers from improper use and disclosure. Include plan for supervising staff or students in their activities.

b. Describe the plan to destroy the identifiers at the earliest opportunity consistent with conduct or the research, or explain any health, research, or legal justification for retaining PHI for some set period.

5. **Will the planned use/disclosure of PHI to recruit or screen potential participants involve NO MORE THAN MINIMAL RISK to their privacy?**
   - YES
   - NO

6. **If the researcher and staff are non-physicians or have not treated the prospective participants:**
   a. Ensure that the Research Application describes both the plan and method for recruitment;
   b. Append an abstracting form (use recommended if more than 3 or 4 PHI variables are used).
   c. Provide documentation that (a) the primary treating physician agrees to your access to the PHI, and/or (b) that any staff external to your research team who access PHI for you are approved to do so by their employer or supervisor.

**BY SIGNING THIS REQUEST FOR WAIVER, I CERTIFY THAT:**

- The PHI will not be reused or disclosed to any other person or entity except as required by law, or authorized oversight of the research study, or for other research for which the use or disclosure of PHI would be permitted.

Principal Investigator Signature________________________________________________________

Date_________________________________